

WAC 296-307-14510 Pesticides application record (version 1).

State of Washington
Department of Agriculture
Olympia, Washington 98504

PESTICIDE APPLICATION RECORD (Version 1)
NOTE: This form must be completed same day as the
application and it must be retained for 7 years.
(Ref. RCW 17.21)

1. Date of Application - Year: Month: Day: Time:
2. Name of person for whom the pesticide was applied:
Firm Name (if applicable):
Street Address: City: State: Zip:
3. Licensed Applicator's Name (if different from #2 above): License No.:
Firm Name (if applicable): Tel. No.:
Street Address: City: State: Zip:
4. Name of person(s) who applied the pesticide (if different than #3 above):
..... License No(s), if applicable:
5. Application Crop or Site:
6. Total Area Treated (acre., sq. ft., etc.):
7. Was this application made as a result of a WSDA Permit? ☐ No ☐ Yes (if yes, give Permit No.) #.....
8. Pesticide information (please list all information for each pesticide in the tank mix):

| a) Product Name | b) EPA Reg No. | c) Total amount of Pesticide Applied in Treated Area | d) Pesticide Applied/Acre (or Other Measure) | e) Concentration Applied |
|-----------------|----------------|--|--|-----------------------------|
| _____ | _____ | _____ | _____ / _____ | _____ |
| _____ | _____ | _____ | _____ / _____ | _____ |
| _____ | _____ | _____ | _____ / _____ | _____ |
| _____ | _____ | _____ | _____ / _____ | _____ |
| _____ | _____ | _____ | _____ / _____ | _____ |

9. Address or exact location of application: NOTE: If the application is made to one acre or more of agricultural land, the field location must be shown on the map on page two of this form.
10. Wind direction and estimated velocity during the application:
11. Temperature during the application:
12. Apparatus license plate number (if applicable):
13. ☐ Air ☐ Ground ☐ Chemigation
14. Miscellaneous Information:

WAC 296-307-14510 (Cont.)

Location of Application (if the application covers more than one township or range, please indicate the township and range for the top left section of the map only):

Township.....

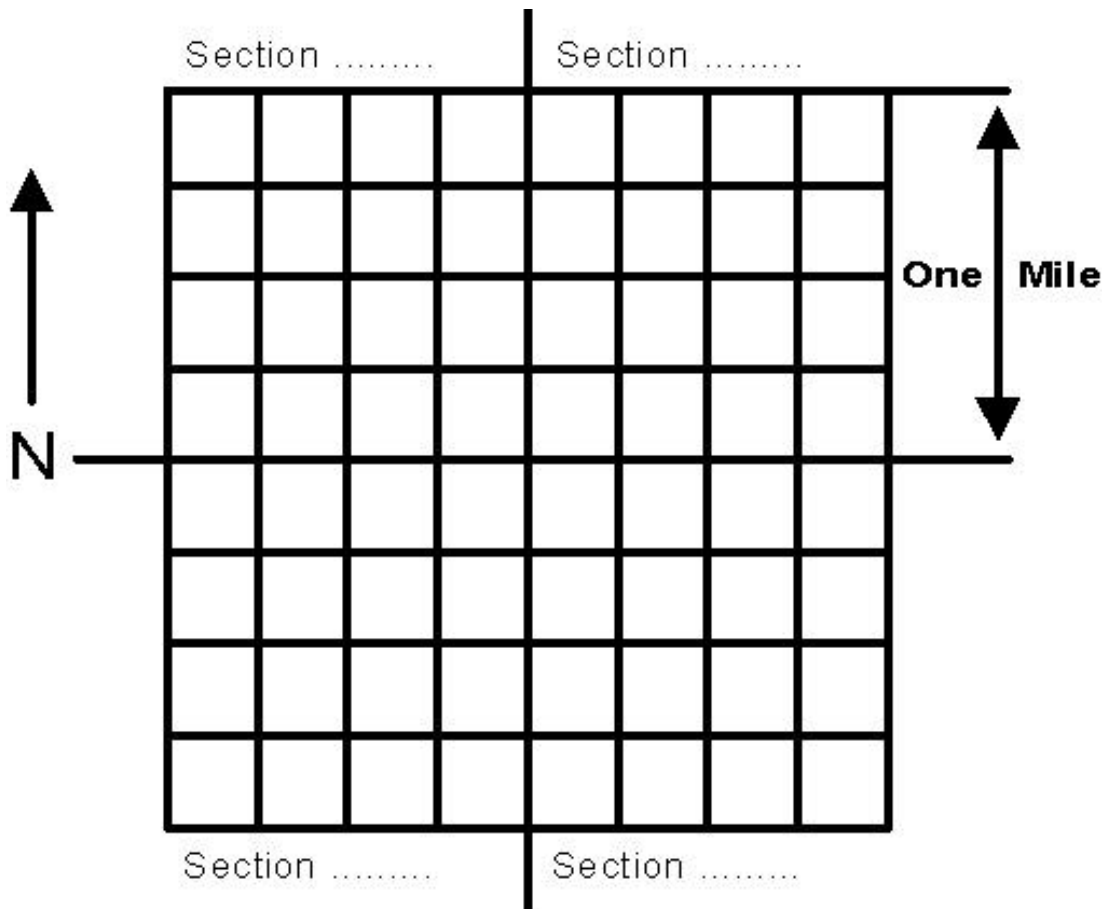
Range: E or W (please indicate).....

Section(s):.....

County:.....

PLEASE NOTE:

The map is divided into 4 sections with each section divided into quarter-quarter sections. Please complete it by marking the appropriate section number(s) on the map and indicate as accurately as possible the location of the area treated.



Miscellaneous Information: